

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026210

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318		Primary Registration District No. 1003		Registrar's No. 6378		STATE FILE NUMBER	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY -			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in lb APP. 5 yrs.		c. CITY OR TOWN ST. LOUIS (9)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5303 A PERNOD AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5303 A PERNOD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MARY ANN MROS				4. DATE OF DEATH Month 6 Day 16 Year 1963			
5. SEX F		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-10-1900	
9. AGE (last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and state or country) PHILADELPHIA, PENNA.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WALTER BERENT				13b. MOTHER'S MAIDEN NAME WLADYSLAWA ROGOWSKA		14. NAME OF HUSBAND OR WIFE (A.K.A. MARCIN MARTIN MROS MROZ)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address MRS. WILLIAM PITTROFF, JR. 6358A Bancroft	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Liver - Metastatic Carcinoma of Gall Bladder. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: 1551 DUE TO (b) 1551 DUE TO (c) 1551				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 11 a.m. 11 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION ST. LOUIS COUNTY ST. LOUIS STATE MO.	
21. I attended the deceased from 6-18-63 to 6-16-63 and last saw her alive on 6/15/63 . Death occurred at 4-22A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature]		22b. ADDRESS 5203 Chippawa		22c. DATE SIGNED 6/17/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 6-18-63		23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		23d. LOCATION (City, town, or county) ST. LOUIS COUNTY, MO.	
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL		25. DATE RECD. BY LOCAL REG. E.O.C. JUN 17 1963		26. REGISTRAR'S SIGNATURE Robert Smith, M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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2 **2/14/63**

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12 **90-0**

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Dr. A. H. Bindebeutel
5203 Chippewa
Rm. 1-8028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce E. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.